

**FEE TRANSMITTAL**  
for FY 2002

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT** (\$) 180

**Complete If Known**

Application Number 09/701,846

Filing Date August 9, 2000

First Named Inventor ROBERTS, Bruce L.

Examiner Name Unassigned

Group / Art Unit Unassigned

Attorney Docket No. GA0116C

**RECEIVED**  
AUG 06 2002  
TECH CENTER 1600/2900

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)																																																																																																																																																				
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number 07-1074</p> <p>Deposit Account Name GENZYME CORPORATION</p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>				<p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Large Entity (\$)</th> <th>Small Entity (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>960</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td></td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td></td></tr> </tbody> </table>				Fee Code	Large Entity (\$)	Small Entity (\$)	Fee Description	Fee Paid	105	130	205	65		127	50	227	25		139	130	139	130		147	2,520	147	2,520		112	920*	112	920*		113	1,840*	113	1,840*		115	110	215	55		116	400	216	200		117	920	217	460		118	1,440	218	720		128	1,960	228	960		119	320	219	160		120	320	220	160		121	280	221	140		138	1,510	138	1,510		140	110	240	55		141	1,280	241	640		142	1,280	242	640		143	460	243	230		144	620	244	310		122	130	122	130		123	50	123	50		126	180	126	180		581	40	581	40		146	740	246	370		149	740	249	370		179	740	279	370		169	900	169	900	
Fee Code	Large Entity (\$)	Small Entity (\$)	Fee Description	Fee Paid																																																																																																																																																				
105	130	205	65																																																																																																																																																					
127	50	227	25																																																																																																																																																					
139	130	139	130																																																																																																																																																					
147	2,520	147	2,520																																																																																																																																																					
112	920*	112	920*																																																																																																																																																					
113	1,840*	113	1,840*																																																																																																																																																					
115	110	215	55																																																																																																																																																					
116	400	216	200																																																																																																																																																					
117	920	217	460																																																																																																																																																					
118	1,440	218	720																																																																																																																																																					
128	1,960	228	960																																																																																																																																																					
119	320	219	160																																																																																																																																																					
120	320	220	160																																																																																																																																																					
121	280	221	140																																																																																																																																																					
138	1,510	138	1,510																																																																																																																																																					
140	110	240	55																																																																																																																																																					
141	1,280	241	640																																																																																																																																																					
142	1,280	242	640																																																																																																																																																					
143	460	243	230																																																																																																																																																					
144	620	244	310																																																																																																																																																					
122	130	122	130																																																																																																																																																					
123	50	123	50																																																																																																																																																					
126	180	126	180																																																																																																																																																					
581	40	581	40																																																																																																																																																					
146	740	246	370																																																																																																																																																					
149	740	249	370																																																																																																																																																					
179	740	279	370																																																																																																																																																					
169	900	169	900																																																																																																																																																					
<p><b>BASIC FILING FEE</b></p> <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity (\$)</th> <th>Small Fee Code</th> <th>Entity (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td></td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table> <p><b>SUBTOTAL (1)</b> (\$) 0</p>				Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description	Fee Paid	101	740	201	370	Utility filing fee		106	330	206	165	Design filing fee		107	510	207	255	Plant filing fee		108	740	208	370	Reissue filing fee		114	160	214	80	Provisional filing fee		<p><b>2. EXTRA CLAIM FEES</b></p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>-20 **</th> <th>Extra Claims</th> <th>X</th> <th>Fee from below</th> <th>=</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Independent Claims</td><td>-3 **</td><td>0</td><td>X</td><td></td><td>=</td><td>0</td></tr> <tr><td>Multiple Dependent</td><td></td><td></td><td>X</td><td></td><td>=</td><td>0</td></tr> </tbody> </table> <p><b>3. ADDITIONAL CLAIM FEES</b></p> <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity (\$)</th> <th>Small Fee Code</th> <th>Entity (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> </tbody> </table> <p><b>SUBTOTAL (2)</b> (\$) 0</p>				Total Claims	-20 **	Extra Claims	X	Fee from below	=	Fee Paid	Independent Claims	-3 **	0	X		=	0	Multiple Dependent			X		=	0	Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	84	202	42	Independent claims in excess of 3		104	280	204	140	Multiple dependent claim, if not paid		109	84	209	42	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent																																																					
Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description	Fee Paid																																																																																																																																																			
101	740	201	370	Utility filing fee																																																																																																																																																				
106	330	206	165	Design filing fee																																																																																																																																																				
107	510	207	255	Plant filing fee																																																																																																																																																				
108	740	208	370	Reissue filing fee																																																																																																																																																				
114	160	214	80	Provisional filing fee																																																																																																																																																				
Total Claims	-20 **	Extra Claims	X	Fee from below	=	Fee Paid																																																																																																																																																		
Independent Claims	-3 **	0	X		=	0																																																																																																																																																		
Multiple Dependent			X		=	0																																																																																																																																																		
Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description	Fee Paid																																																																																																																																																			
103	18	203	9	Claims in excess of 20																																																																																																																																																				
102	84	202	42	Independent claims in excess of 3																																																																																																																																																				
104	280	204	140	Multiple dependent claim, if not paid																																																																																																																																																				
109	84	209	42	** Reissue independent claims over original patent																																																																																																																																																				
110	18	210	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																				
<p>** or number previously paid, if greater. For Reissues, see above</p>				<p><b>*Reduced by Basic Filing Fee Paid</b></p> <p><b>SUBTOTAL (3)</b> (\$) 180</p>																																																																																																																																																				

**SUBMITTED BY**

Name (Print/Type) ELIZABETH LASSEN Registration No. Attorney/Agent 31,845 Telephone 508-270-2553

Signature *Elizabeth Lassen* Date July 25, 2002

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-038.**

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

COPY OF PAPERS  
ORIGINALLY FILED

JUL 31 2002

1635

#6

Please place this stamp inside this box → +

PTO/SB/21 (08-00)

Approved for use through 10/31/2002, OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/701,849	
	<b>Filing Date</b>	August 9, 2000	
	<b>First Named Inventor</b>	ROBERTS, Bruce L.	
	<b>Group Art Unit</b>	Unassigned	
	<b>Examiner Name</b>	Unassigned	
<b>Total Number of Pages in This Submission</b>	34	<b>Attorney Docket Number</b>	GA0116C

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO Form 1449 (2 sheets); copies of three (3) cited references; and return postcard
Remarks		<b>RECEIVED</b> AUG 06 2002 TECH CENTER 1600/2900

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Elizabeth Lassen Genzyme Corporation 15 Pleasant Street Connector P.O. Box 9322 Framingham, Massachusetts 01701-9322	COPY OF PAPERS ORIGINALLY FILED
Signature	<i>Elizabeth Lassen</i>	
Date	<i>July 25, 2002</i>	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <u>July 25, 2002</u>		
Typed or printed name	TARYN ANTALEK	
Signature	<i>Taryn Antalek</i>	Date <i>July 25, 2002</i>

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.